



Reason for Consultation _____

Patients Name _____
First Middle Last

Address _____
Street City State Zip Code

Home Phone _____ Cell _____ Work _____

Social Security # _____ Birth Date _____ Age _____

Gender: M F Marital Status: S M D W Spouses Name _____

Employer _____ Occupation _____

Emergency Contact (not in your household) _____ Relationship _____

Home Phone _____ Cell _____ Work _____

If Minor: Name of responsible party _____ Relationship _____

Address _____

Phone Number _____ SS# _____

How did you find out about Iowa Plastic Surgery? Please Mark All That Apply:

Referring Doctor _____

Current Patient _____ May we thank this person for referring you? Yes No

Newspaper: Quad City Times Dispatch/Argus

Search Engine: Google Yahoo MSN Ask Bing

Yellow Pages: Qwest Dex SBC/RH Donnelley Yellow Book

Iowa Plastic Surgery: Employee Seminar Handout Television Website

Other _____

I authorize Iowa Plastic Surgery to contact me by email or land mail for promotions/seminars? Yes No

Email address _____

I authorize Iowa Plastic Surgery to notify me of appointments, surgery and/or follow up care. Yes No

Many procedures require photographs; I consent to be photographed and agree that the Photographs will remain the property of Iowa Plastic Surgery. Initial _____

I understand that I have the right to refuse care, treatment and/or services. Initial _____

I am aware of and understand HIPAA privacy regulations. I understand I may request a copy of the Iowa Plastic Surgery Privacy Policy at any time during my treatment. Initial _____

Signature _____ Date _____